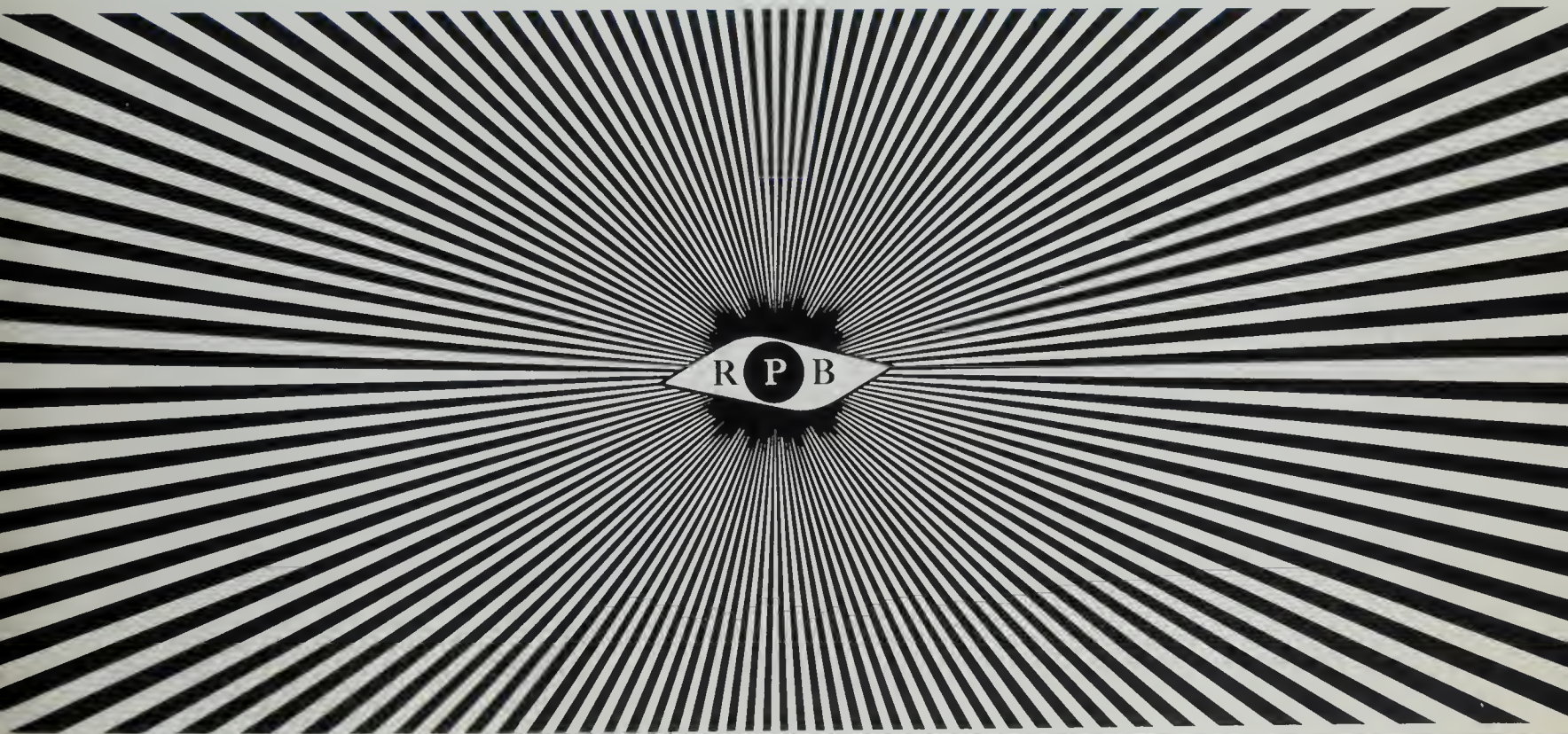


RESEARCH TO PREVENT BLINDNESS, INC.



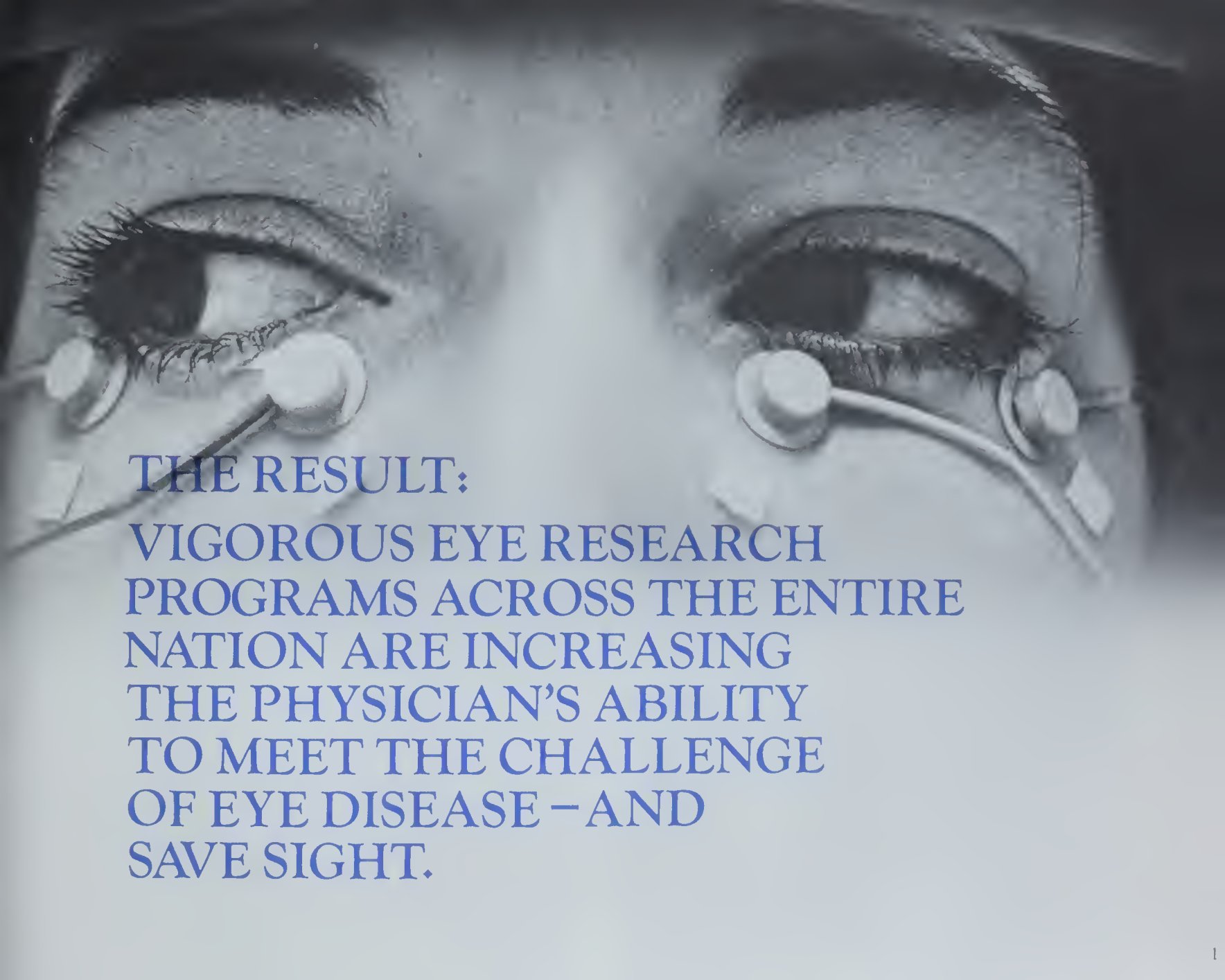
1972 ANNUAL REPORT

On the cover:

We see with the brain. Some image patterns disturb the visual system and create the illusion of movement. The reason is not known.



EVERY MAJOR CAUSE OF BLINDNESS
IS UNDER INVESTIGATION AT
NEARLY 50 MEDICAL INSTITUTIONS
RECEIVING RESEARCH GRANTS FROM
RESEARCH TO PREVENT BLINDNESS, INC.
MORE THAN 19 MILLION DOLLARS HAS
BEEN CHANNELED INTO EYE RESEARCH
BY RPB IN THE PAST DECADE.



THE RESULT:
VIGOROUS EYE RESEARCH
PROGRAMS ACROSS THE ENTIRE
NATION ARE INCREASING
THE PHYSICIAN'S ABILITY
TO MEET THE CHALLENGE
OF EYE DISEASE – AND
SAVE SIGHT.

RPB Grantee — University of Chicago (also top photos pages 1, 3 and 6)



RPB Grantee — New York University



THE SECRETS OF SIGHT

have been an enigma since the beginning of time. Every generation of man has known the fear of blindness—and those who have known its reality number in the hundreds of millions. Cholera, plague and other worldwide afflictions of ancient times have responded at last to the genius of inquiring minds, and have been controlled. But blindness remains a devastating threat in every part of the world—so that at this point in history there are more than 15 million people who live in the darkness of total blindness.

Yet, total blindness reflects only one dimension of the world's visual problems. "To see" must mean more to us than the mere perception of light. It is the capacity to read; to recognize details of face, form, color and movement; to move freely and function effectively in a sea of constantly changing visual information. To see is to be free from the anguish of serious visual afflictions and diseases that severely handicap many times the number of people who are classified as "blind." The fact that 500,000 surgical procedures are carried out in the United States each year in an effort to preserve sight indicates that we are dealing with a catastrophic health problem extending far beyond the statistical evidence of blindness.

- Hidden visual problems often begin at birth and lead to later blindness. Early detection and treatment techniques are major products of eye research.
- Widespread blindness on a remote Pacific atoll provided clues to a genetic eye disease for an RPB-sponsored expedition that restored sight to many inhabitants (see page 9).



RPB Grantee — Baylor University ▼



PREVENTING BLINDNESS THROUGH RESEARCH

Almost all visual loss is the result of disease. The number of these diseases is legion. They are distinguished by medical terms such as cataract, glaucoma, macular degeneration, uveitis, etc., but science does not yet know how most of them have their origin. The only hope for their control is through intensive scientific research.

Through eye research, scientists are at last pinpointing causes—aiming at the ultimate eradication of blinding diseases before sight can be threatened. At the same time, they are constantly producing better ways of treating the effects of eye disease, so that maximum sight may be retained and blindness prevented.

Such research is the result of cooperative action among many forces. It demands highly-skilled and well-trained scientific manpower, laboratory space for a wide range of basic and clinical investigations, modern scientific equipment, adequate financial support and administrative leadership to encourage and coordinate the development of effective research programs.

Research to Prevent Blindness, Inc. (RPB) was established in 1960 to provide that leadership for the first concerted research attack on blinding diseases.

- Special contact lens connected to complex electronic equipment permits the ophthalmologist to determine if light rays are stimulating an appropriate electrical response in the retina.
- Exploring basic secrets of sight, scientists seek to learn how the retina's chemical reaction to light is then transformed into an electrical signal to the brain.

RPB Grantee — University of Florida



The results of clinical research are translated into sight-saving treatment. Above, a patient with corneal distortion is examined prior to thermokeratoplasty. Right, opacified vitreous is removed under the operating microscope. Both are new surgical techniques undergoing intensive evaluation.

RPB Grantee — Medical College of Wisconsin



RESEARCH TO PREVENT BLINDNESS, INC.

is carrying out a public service function that is both unique and necessary to the rapid advancement of eye research. Created at a time when eye research had little support from any source, RPB has brought together the many diverse elements essential to a sustained, effective research effort against blinding diseases.

By 1972, RPB programs had:

- Channeled more than \$19,000,000 into eye research.
- Provided annual research grants to nearly 50 medical institutions for the pursuit of new knowledge of the eye and its diseases.
- Sponsored construction of major eye research centers from coast to coast and stimulated the wide expansion of eye research laboratory space.
- Attracted highly-motivated scientific talent to devote their careers to the preservation of sight.
- Opened up important new sources of financial support for a concerted research attack on blindness.
- Initiated and won Federal legislation creating a National Eye Institute within the National Institutes of Health.
- Stimulated public, scientific and legislative interest in the opportunities now available for saving sight through research.
- Encouraged worldwide dissemination of scientific knowledge through person-to-person exchange of information and collaborative work among researchers on an international basis.

RPB Grantee — University of Miami



RPB grants attract outstanding scientists to careers in eye research. Electron microscopist Dr. Douglas R. Anderson is one of four RPB Eye Research Professors who have been awarded special five-year support for their basic studies of the eye and its diseases.



▲ The eye is a “two-way window” through which the modern scientist views an expanding world of information about the visual system — and the health of the body.

■ Dye injected into the bloodstream will quickly reach the eye where its path through the retinal vessels will be revealed to the physician and photographed for study of the patient's retinal circulation.

RPB Grantee — Johns Hopkins University



RPB Grantee — University of Miami



THE NEW CAPABILITY — AND ITS RESULTS

As the modern ophthalmologist looks into the eye of his patient, he brings to his observations a capability never before available to the eye physician. His diagnosis and the treatment he recommends are the end result of intensive research carried on by ophthalmic scientists who, like himself, are revolutionizing man's ability to deal with the problems of the patient whose sight is in jeopardy.

Extraordinary advances in technology have created a potential for exploring the visual pathways and saving sight that has only begun to be realized. It has become possible to observe and influence the complex functions of visual cells and tissues that previously could not be studied. With the scanning electron microscope, the scientist may examine in three-dimensional detail the ultrastructure of tissues which carry light signals to the brain, and investigate the nature of damage caused by disease. The physician may capture on film — even motion picture film — the course of the retinal blood supply as it flows through tiny vessels deep inside the inner recesses of the patient's eye. Sensitive electronic devices permit him to measure the eye's response to light and trace that response back to its terminal points in the brain. Recent developments in ophthalmic pathology, biochemistry, genetics, pharmacology and other branches of science are the daily components of his constantly expanding capacity to observe, evaluate and manage diseases that once would certainly have ended in blindness.

The programs of Research to Prevent Blindness, Inc. are creating the climate in which such effective research — and its practical application — can take place.

Dr. Robert M. Machemer removing formerly inoperable diseased vitreous through a revolutionary surgical technique developed with the aid of a \$25,000 grant as an RPB Research Scholar.

SURGERY

Recent progress in eye research underscores both the complexity of the nation's visual problems and the great scope of the effort that RPB has stimulated. Among the major advances under development, the most visible are those in diagnosis and treatment. New surgical procedures, using such technology as micro-instrumentation, ultrasound, freezing, phaco emulsification and laser therapy are making it possible to deal with seemingly unmanageable conditions. Among the most promising of these is a device and technique developed with the help of a \$25,000 RPB grant which will permit effective surgery of the gell-like vitreous inside the globe of the eye, a procedure previously considered so dangerous as to be usually inoperable. Various types of laser beams and techniques are now in use or under study for their efficacy in treating retinal diseases and glaucoma. The application of the laser to diabetic retinopathy is of special importance in view of the dramatic rise in the prevalence of diabetes and the longer life expectancy of the nation's now four million diabetics. Notable improvements continue in cataract surgery, which has reached a 98 per cent degree of effectiveness as a result of research. Such advances in surgery are essential to the preservation of sight until the causes of blinding diseases can be found and eradicated.

RPB Grantee — Jefferson Medical College



The laser beam is used extensively to limit retinal damage caused by diabetic retinopathy and other vascular diseases of the eye.

CHEMICAL THERAPY

The search for new drugs is producing significant results. A newly developed anti-viral agent called Ara-A will hopefully prove to be more effective, far less toxic and longer lasting than previously used compounds. Another chemical, 6-hydroxydopamine (6-HD) has successfully regulated the intraocular pressure of many patients with uncontrollable glaucoma. At the same time scientists are testing new systems for the more efficient delivery of drugs to the eye. Among these is a small, biodegradable pellet which may be placed behind the lower eye lid where it will gradually release its medication over a long period of time — perhaps months. Such a device would spare glaucoma patients from the necessity of placing drops in the eyes many times each day. It might also provide hope to the tens of millions throughout the world who suffer from trachoma and who have no access to sustained medical treatment. With the development of new drugs and drug delivery systems, researchers are seeking a deeper understanding of how the various eye tissues utilize these chemicals, so that drug dosage may be reduced to the absolute minimum and pin-pointed to the specific tissues involved. Such eye research has scientific significance far beyond the field of ophthalmology.

RPB Grantee — Boston University



Ophthalmic drugs are radio-actively "tagged" and tested in the laboratory to establish how effectively they permeate eye tissues.

DIAGNOSIS

A major product of eye research is the development of techniques to diagnose eye diseases sufficiently early to initiate treatment and save sight. In glaucoma, recent studies of the physical appearance of the optic nerve head now offer a means of sighting irregularities that point to the presence of disease long before symptoms appear to the patient. In amblyopia, devices that measure brain waves without the cooperation of the patient are making it possible to uncover the disease in tiny infants whose condition would otherwise go unnoticed and progress to serious disability. Automated instruments are being perfected that permit a technician—rather than the eye physician—to carry out routine testing for corrective eyeglasses with great precision and in a matter of minutes. Time saved by physicians and by the 60% of the nation's population who wear glasses will be enormous. Eye research in the past few years has also produced effective tests for other serious diseases such as Tay Sachs, multiple sclerosis and cystinosis, convincingly demonstrating that the eye is "the window of the body."

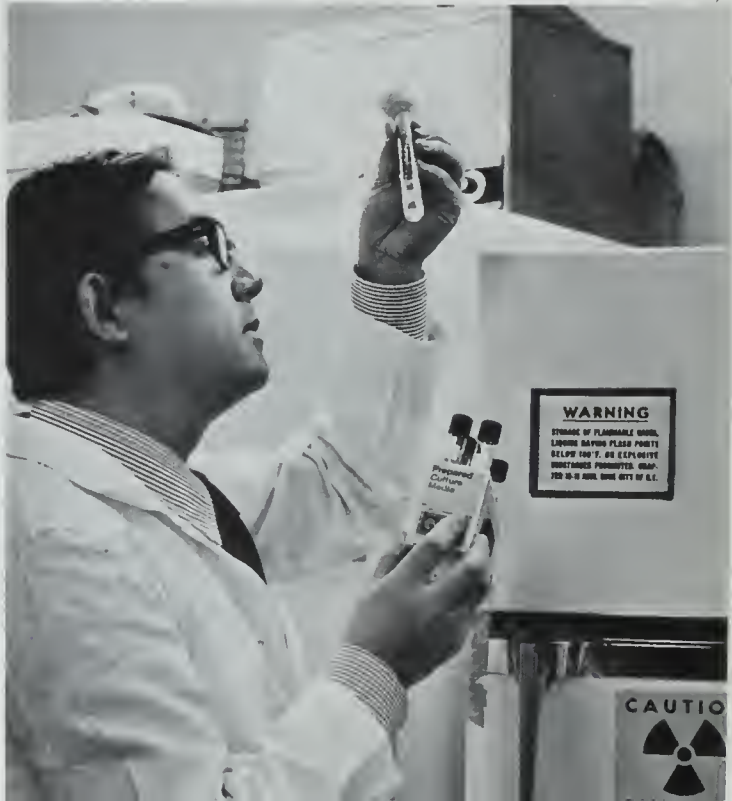
Electronic tonometer (above) accurately measures and records pressure inside the eye in testing for glaucoma, a leading cause of blindness that often goes undetected.

Seeking a rapid and accurate diagnosis, essential to the treatment of potentially blinding eye infections, scientist uses radioisotopes to pinpoint experimental corneal disease.



▲ RPB Grantee — Stanford University

▼ RPB Grantee — Columbia University



BASIC RESEARCH

Many of the most far-reaching advances taking place in eye research today escape public notice. They represent turning points in basic scientific knowledge — key discoveries that open broad new paths for future investigation. RPB funds have supported findings that illuminate the role of the body's own autoimmune reactions that may trigger disease or reject transplanted material. Its grantees are learning how the brain controls eye movements, how certain visual cells regenerate themselves, how the characteristics of critical cells are influenced by genetic factors and by what an infant's eye sees at the earliest stages of life. One of RPB's most distinguished award winners has pinpointed a specific enzyme as a cause of sugar cataracts and found a chemical inhibitor that interrupts the process. Studies of the nature of macular degeneration — the most important cause of blindness in the aging — are revealing the damaging long-term effects of continuous light. The normal eye, and its normal visual processes, are being studied in microscopic detail, providing essential knowledge never before available to medical science.

Sometimes the search for basic knowledge produces a by-product with immediate pay-off in the saving of sight. In December, 1972, two RPB-sponsored researchers conducted an expedition to the tiny Pacific atoll of Ponape, in Micronesia, to investigate the genetic aspects of a blinding disease called achromatopsia. The subject of their research was the native population, largely descendants of 17 survivors of a typhoon that swept the atoll more than 250 years ago. At least one of these survivors had achromatopsia, and the intervening inter-marriages have produced a population with an inordinately high incidence of the disease, with no color vision, inability to see in bright light, and a high degree of myopia. While the

The Scanning Electron Microscope provides the ophthalmic scientist with a view of eye tissues never before available for research. Photo in almost three-dimensional detail is a magnification of the eye's trabecular meshwork.

researchers were gathering information on genetic retinal disease unavailable to them elsewhere, they also provided a simple, but extremely effective form of therapy. Equipped with a stock of prescription sun glasses, they fitted the natives with lenses that permitted many of them to see their children, their families and their friends for the first time.

RPB Grantee — Baylor University



University of California, Los Angeles — The Jules Stein Eye Institute



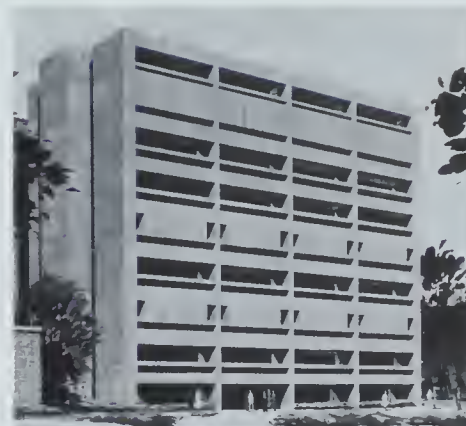
BUILDING LABORATORIES FOR EYE RESEARCH

RPB's stimulation of eye research has encouraged medical institutions to greatly broaden the scope of their programs, with a corresponding need for far more laboratory space. To help meet the need, RPB has sparked the growth of modern eye research centers by providing building campaign assistance to selected universities through its unique Laboratory Construction Program. When circumstances indicate a scientific need and practical feasibility, RPB underwrites professional management of all phases of a research building campaign, assists in the development of campaign material and techniques, and absorbs all the fund raising costs. All contributions to each campaign are made directly to the institutions, not to RPB.

The initial development of just four eye centers has more than doubled the amount of eye research space available nationally ten years ago. The fund raising costs for these magnificent facilities — at Johns Hopkins University, the University of California, Los Angeles, Columbia University and the University of Louisville — has amounted to less than two per cent. Time involved, from conception to completion, has been cut by years. Whole areas of the country, from coast to coast, are now being served by research facilities and medical resources not previously available to the ophthalmologist and his patients.

Other major laboratories are now in construction or being planned under RPB sponsorship. These include a \$3 million facility for the Medical College of Wisconsin, for which ground will be broken at Milwaukee within the next year. Negotiations are underway between RPB and the Baylor College of Medicine, which plans to construct a modern eye center at Houston, Texas. Other institutions, stimulated by RPB's example, have taken on building campaigns with only initial RPB assistance and advice. The Scheie Eye Institute, a major eye center at the University of Pennsylvania, opened its doors in October, 1972. Duke University has inaugurated construction of a \$3 million facility at Durham, North Carolina. What this means for the nation is more and better eye care, more and better eye research, and far more hope for the ultimate eradication of many diseases that threaten millions with blindness.

Medical College of Wisconsin



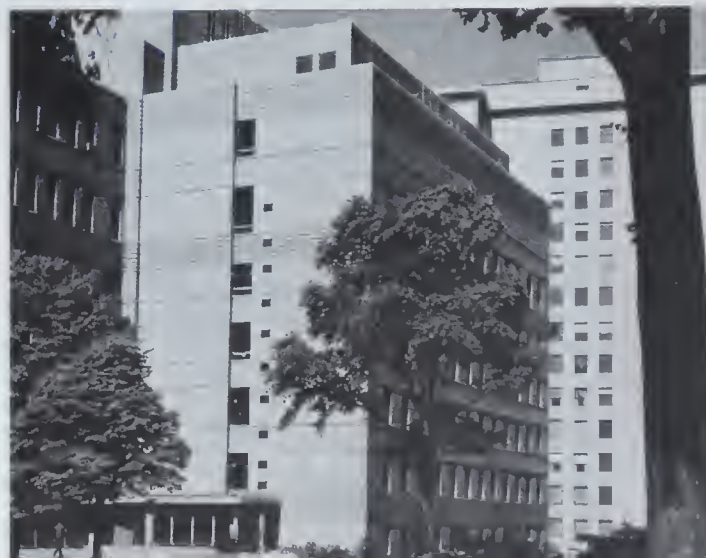
Johns Hopkins University
— The Wilmer Institute



University of Louisville, Kentucky



Columbia University



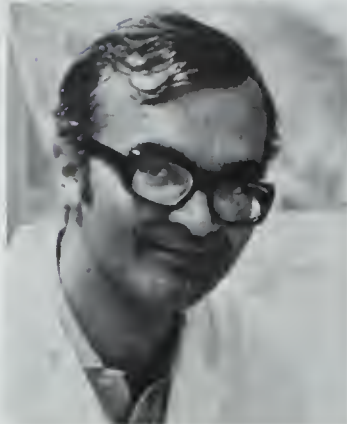
Dr. Berman



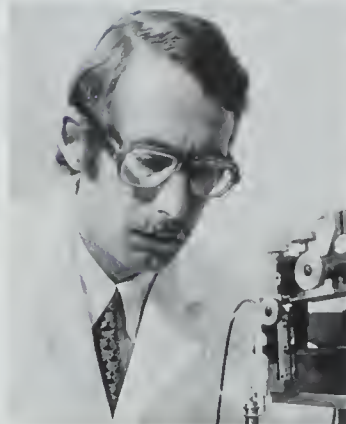
Dr. Franceschetti



Dr. Polgar



Dr. Spitznas



Dr. Shimizu



Dr. de Buen



Sharing Scientific Knowledge

A world of knowledge of the eye and its diseases is being drawn upon through RPB programs that bring to American ophthalmology the skills and learning of recognized foreign scientists. Eleven RPB International Research Scholars have been selected for work in the United States during 1972-73 on short-term visits to eye research laboratories for collaborative studies with American investigators. The scholars come from distances as far as Japan, Israel, Iran and the European continent to work at medical institutions in nine different states.

Distinguished American scientists and foreign experts from all over the world, members of the International Committee for Eye Research, met in September, 1972, at the Medical University of South Carolina, Charleston, to assess their combined knowledge of two most critical areas of ophthalmic science. The international symposia, on "The Lens and Aging" and "Transport Processes in the Eye," were sponsored jointly by Research to Prevent Blindness, Inc., and the National Eye Institute, Bethesda, Maryland.

Dr. Khodadoust



RPB INTERNATIONAL RESEARCH SCHOLARS 1976-78



for work at:

Elaine R. Berman, Ph.D., Hadassah Medical School, **Israel**

University of Oregon

Alfred Brini, M.D., University of Strasbourg, **France**

Columbia University

Sadi de Buen, M.D., National University of **Mexico**

New York Medical College

Albert T. Franceschetti, M.D., University of Geneva, **Switzerland**

Temple University

Motokazu Itoi, M.D., Juntendo University, **Japan**

University of Florida

Ali A. Khodadoust, M.D., Pahlavi University, **Iran**

Johns Hopkins University

Guy Meur, M.D., University of Brussels, **Belgium**

University of Louisville

Karl Ossoinig, M.D., University of Vienna, **Austria**

University of Iowa

Joseph Polgar, M.D., University of Medicine, Szeged, **Hungary**

Stanford University

Koichi Shimizu, M.D., Gunma University, Maebashi, **Japan**

Georgetown University

Manfred Spitznas, M.D., University Eye Clinic, Essen, **Germany**

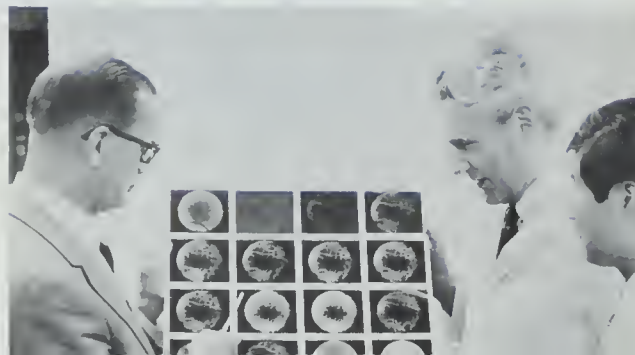
University of California, Los Angeles

RPB International Visiting Professors

Far-ranging nationwide lecture tours by three Research to Prevent Blindness International Visiting Professors brought the experience and knowledge of these eminent foreign pathologists to thousands of those engaged in eye research and practice throughout the United States during 1972. The RPB Professors, traveling under a grant from RPB and with the cooperation of the Association of University Professors of Ophthalmology, are: Dr. W. A. Manschot, of the University of Rotterdam, Holland; Dr. G. Naumann of the University Eye Clinic in Hamburg, West Germany; and Dr. Alec Garner, of the University of London, England. All were selected by their American peers for having made outstanding contributions to the understanding of eye diseases. Each traveled through the United States for approximately two months. In total, they visited 61 medical institutions in 32 states, trading scientific information and practical concepts with staff physicians, scientists, medical students and practicing ophthalmologists from surrounding areas.

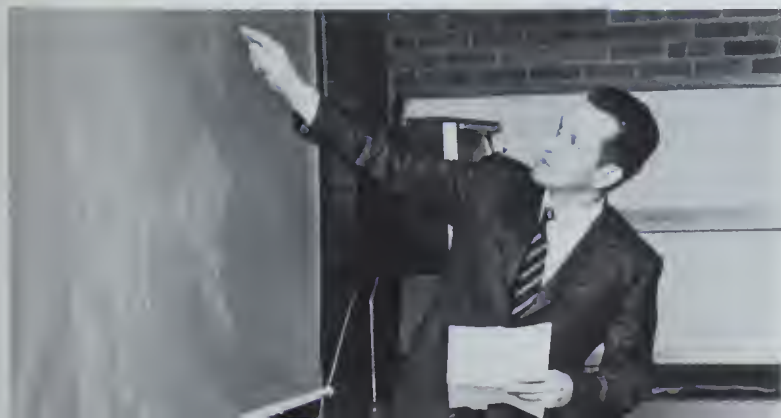


Dr. W. A. Manschot, of Holland, being welcomed in New York by RPB President James S. Adams and members of RPB's Scientific Advisory Panel. Dr. Manschot was the first of three RPB International Visiting Professors who lectured on eye pathology throughout the United States in 1972. Left to right are Dr. Edward W. Dempsey of Columbia University, Dr. Edward L. Tatum of Rockefeller University, Mr. Adams and Dr. Manschot. In photos below, Dr. Manschot is shown consulting on diagnosis of eye diseases at the Eye Foundation Hospital, Birmingham, Alabama.





RPB International Visiting Professor Dr. G. Naumann (center) of Germany shares eye research experience with physicians at the Mayo Clinic, Rochester, Minnesota, and (below) lectures at the University of Oklahoma.



Dr. Alec Garner, RPB Visiting Professor from the University of London, instructs residents at the University of Nebraska on eye pathology. Elsewhere on his nationwide tour for RPB he is shown (below, left) lecturing faculty, ophthalmologists and medical students at the University of Kansas and (right) in animated discussion with residents at Northwestern University Medical School, Chicago.

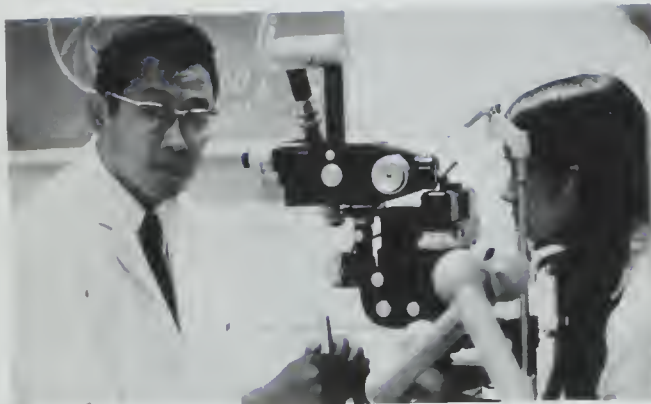




Dr. Gordon K. Klintworth of Duke University, who has been named an RPB-Mayer Scholar, was awarded a special \$25,000 grant to speed his outstanding research on corneal disease.

Special RPB Awards Spur Pioneering Research

A brilliant young pathologist with a worldwide reputation in neuropathology was named Research to Prevent Blindness, Inc. —Louis B. Mayer Scholar in 1972 and awarded a \$25,000 RPB grant to advance his promising research in corneal disease and cancer of the eye. He is Gordon K. Klintworth, M.D., Ph.D., of Duke University, North Carolina, who is searching out the key factors which cause vascularization, or blood vessel invasion of the cornea, a major cause of visual loss. The grant is the second under the terms of a \$75,000 gift to RPB from the Louis B. Mayer Foundation to promote pioneering research. The first RPB-Mayer Scholar was Dr. Robert Machemer (see photo page 6), of the University of Miami, who is perfecting a technique and instrumentation for the safe surgical management of previously inoperable vitreous disease.



RPB Research Manpower Awards are made to assist institutions in retaining or attracting key scientists whose services might otherwise be lost. Such awards in 1972 went to Dr. Vernon Wong and Dr. Denis O'Day. Dr. Wong is former clinical director at the National Eye Institute, and recently has joined the research staff at Georgetown University. He is pursuing the development of a vaccine for ocular histoplasmosis while investigating new concepts in immunity and genetics. Dr. O'Day of Moorfields Eye Hospital, London, is engaged in studies of inflammatory diseases of the eye at Vanderbilt University.



RPB Manpower Award grantees Vernon G. Wong, M.D. (above), at Georgetown University, and Denis M. O'Day, M.D. at Vanderbilt University.



Academy Honors RPB Chairman

"You have made the initials—RPB—the symbol of a nationwide renaissance in ophthalmological research." The remarks were addressed to Dr. Jules Stein by Dr. A. Edward Maumenee, speaking for the American Academy of Ophthalmology and Otolaryngology, which awarded RPB's chairman Honorary Fellowship in the Academy in a ceremony at its national convention in Dallas, Texas, on September 26, 1972. Dr. Stein (right) is the first American physician to be so honored. Addressing more than 5,000 ophthalmologists on hand for the presentation, Dr. Maumenee expressed the Academy's "admiration and gratitude" for Dr. Stein's achievements in bringing to eye research "a capacity to solve those monumental logistical problems which had stunted its natural development." Dr. Maumenee said, "You have infused us with new energy and brought to life the hopes and aspirations of a once-neglected scientific discipline."

Ophthalmologists as a Primary Force in Research to Prevent Blindness

The success of RPB's programs is largely the result of the cohesive action it has developed among eye physicians, scientists, laymen and legislators, working toward a concerted eye research effort. The small group of businessmen and philanthropists who direct RPB's activities continuously seek the advice of leading ophthalmic scientists and practitioners, and have drawn heavily upon their knowledge. More than 50 heads of departments and divisions of ophthalmology have participated in RPB's decision-making processes as members of rotating Ad Hoc committees that meet twice each year. In addition to day-to-day contact with medical institutions across the nation, RPB's Trustees and staff work closely with the Association of University Professors of Ophthalmology, the Association for Research in Vision and Ophthalmology, the American Academy of Ophthalmology and Otolaryngology, and other professional organizations with interests in the field of eye research. Each year since 1960 RPB has sponsored the testimony of eminent ophthalmic scientists before appropriations committees of the Congress, with splendid results. Such testimony has won the legislation that established the National Eye Institute in 1968, and has secured constantly increasing Federal financial support of eye research, as well as influential Congressional interest in ophthalmology.



RPB Grantee — Washington University, St. Louis

RPB Ophthalmological Associate Membership

More than 1,000 eye physicians and scientists—representing all 50 states—have applied for membership as RPB Ophthalmological Associates since invitations were first extended two years ago. Membership for the year 1973 will increase by more than 20% over the previous period, from all indications. Since their membership fees are used exclusively for eye research, RPB Associates provide substantial impetus to ongoing investigations. RPB Chairman Dr. Jules Stein continues to match each initial \$100 membership fee with his personal contribution to RPB in the same amount, thereby doubling the total available for research from this source. Since Dr. Stein makes many other financial contributions to RPB, his matching gift applying to new memberships is mentioned separately under Note 2 which accompanies the audited Financial Statement on page 23. The invitation to Associate Membership in RPB remains open to all ophthalmologists and to scientists engaged in eye research.



The Ophthalmologist's View of Research Needs

To keep its finger on the pulse of ophthalmology, RPB in late 1972 initiated a survey of practicing ophthalmologists, soliciting their opinions on various aspects of eye research. Among other brief questions, RPB asked which eye diseases were most often seen in practice, which were most difficult to treat, and which were in greatest need of basic and clinical research. The sampling, in which a large number of RPB Ophthalmological Associates participated, put retinal disorders at the top of those diseases "Most Difficult to Treat," and first also in need for both basic and clinical research. Among retinal disorders, it was obvious that retinal degeneration and diabetic retinopathy are not only the most difficult to deal with, but are widely seen in ophthalmic practice. Next in order of need for research are glaucoma and uveitis, the survey showed. While cataract was by far the condition "Most Often Seen in Practice," it was rated low by respondents among those "Most Difficult to Treat." Cataract research has provided an effective stop-gap for what is still one of the most common causes of blindness. But far more research must be done into this and other blinding diseases for which there is neither preventive nor adequate therapy. The RPB survey was carried out under the direction of E. Cuyler Hammond, Sc.D. and Harold F. Spalter, M.D. The findings will be published during 1973 in the *American Journal of Ophthalmology*.

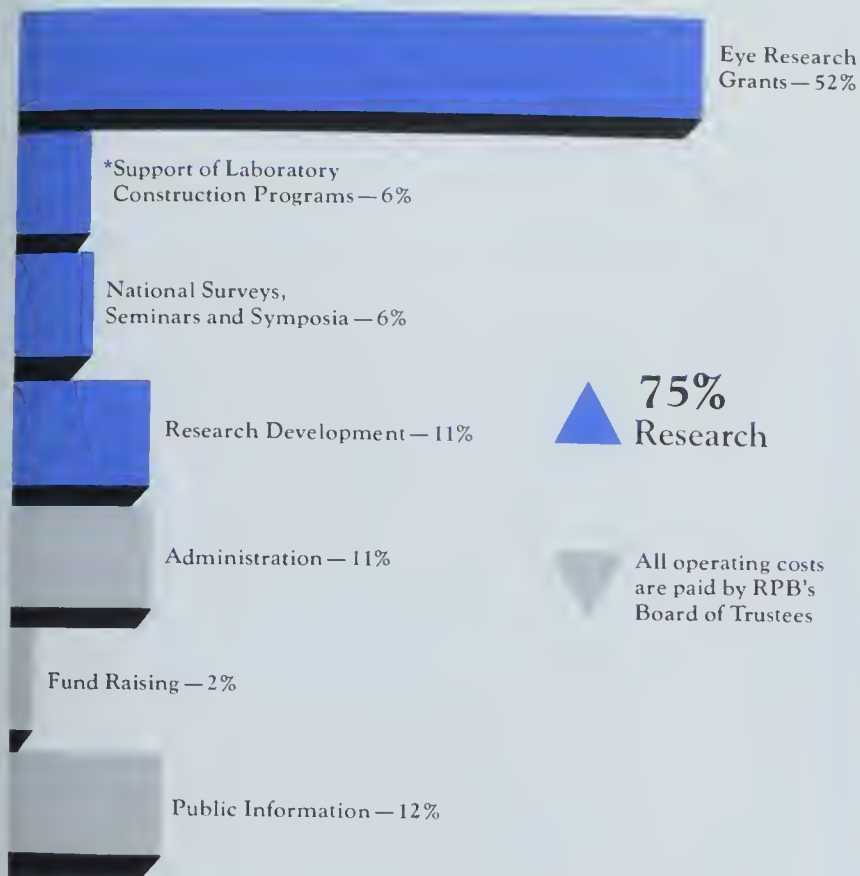
RESEARCH TO PREVENT BLINDNESS, INC. UNRESTRICTED GRANTS

	1972 Grants	Total Granted Through 1972		1972 Grants	Total Granted Through 1972
*University of Arkansas	\$ 2,500	\$ 5,000	Kresge Eye Institute	—	\$ 40,000
Francis I. Proctor Foundation	5,000	65,000	University of Michigan	\$ 5,000	65,000
Stanford University	5,000	20,000	University of Minnesota	5,000	65,000
University of California, Los Angeles	5,000	65,000	Washington University	5,000	65,000
University of California, San Francisco	5,000	65,000	Columbia University	5,000	65,000
University of the Pacific— Institute of Medical Sciences	5,000	20,000	Cornell University	—	50,000
University of Colorado	5,000	45,000	Eye-Bank for Sight Restoration	—	10,000
Yale University	5,000	55,000	Mt. Sinai Hospital	5,000	40,000
Georgetown University	—	20,000	New York University	5,000	65,000
*George Washington University	2,500	15,000	Union University (Albany Medical College)	5,000	10,000
University of Florida	5,000	55,000	*Yeshiva University (Albert Einstein College of Medicine)	2,500	25,000
University of Miami	5,000	65,000	Duke University	5,000	35,000
University of Chicago	5,000	65,000	University of Oregon	5,000	65,000
†University of Illinois	5,000	5,000	Jefferson Medical College of Philadelphia	5,000	40,000
Indiana University	5,000	65,000	Temple University—Wills Eye Hospital	5,000	30,000
University of Iowa	5,000	65,000	University of Pennsylvania	5,000	65,000
University of Louisville	5,000	50,000	*Vanderbilt University	2,500	15,000
Tulane University	5,000	55,000	Baylor University	5,000	50,000
Johns Hopkins University (Wilmer Institute of Ophthalmology)	5,000	65,000	*University of Texas (Southwestern Medical School)	2,500	10,000
University of Maryland	5,000	20,000	Medical College of Virginia	5,000	50,000
Boston University	5,000	30,000	University of Washington	5,000	20,000
Harvard University—Massachusetts EEI (Howe Laboratory of Ophthalmology)	5,000	65,000	Medical College of Wisconsin	5,000	20,000
Retina Foundation	5,000	65,000	*University of Wisconsin	2,500	5,000
Tufts New England Medical Center	5,000	15,000			
			Total	\$200,000	\$1,965,000

*Recipients of RPB Research Development Grants

†New RPB Grantee

HOW RPB FUNDS WERE INVESTED — 1960-1972



**75%
Research**

All operating costs
are paid by RPB's
Board of Trustees

RPB Budget of Expenditures and/or Commitments — 1973

Research Grants and Other Program Expenditures or Commitments:	Budget
Unrestricted Research Grants to Medical Schools and Other Institutions.	\$235,000
Research Development Grants.	30,000
International Research Scholars, Louis B. Mayer Scholars Award and Visiting Professors Program.	65,000
Research Professorship Grants.	150,000
Special, Emergency and Research Manpower Grants.	50,000
Scientific Seminars and Symposia.	50,000
Awards for Outstanding Ophthalmic Achievement.	42,000
Research Laboratory Construction	
Campaign Expenses to Provide New Facilities at Eye Research Centers.	75,000
Program Development.	53,000
Public and Professional Information.	120,000
	<u>\$870,000</u>

Operating Expenditures.

Staff Salaries and Consultants' Fees.	\$ 37,000
Accountants' Fee.	5,500
Office Equipment.	1,500
General and Health Insurance.	3,500
Pension and Retirement Plan.	2,000
General Administration.	7,000
Fund Raising.	12,500
Contingencies.	1,000
Total Operating Expenditures.	<u>\$ 70,000</u>
Total Planned Expenditures and Commitments.	<u>\$940,000</u>

RPB's operating costs are met through contributions from its volunteer Board of Trustees, thus freeing all other donations for programs in support of research. Its extremely low fund raising costs are the result of a highly selective approach to individuals, foundations and corporations.

*Represents expenditures in underwriting research building campaigns whose proceeds, more than \$13,000,000, were donated directly to the institutions involved, not to RPB.

Research to Prevent Blindness, Inc.
Statement of Financial Position
December 31, 1972

Assets:

Cash:		
Checking accounts.	\$ 35,143	
Interest-bearing accounts	<u>196,520</u>	\$ 231,663
Investments at cost:		
MCA Inc. common stock		
57,942 shares (quoted market—		
\$1,941,057) (Note 2).	1,767,930	
U. S. Government securities		
(quoted market—\$635,690). . . .	634,311	
Corporate bonds		
(quoted market—\$454,405). . . .	520,415	
Other common stocks		
(quoted market—\$109,136). . . .	105,097	
Certificates of deposit.	<u>400,000</u>	3,427,753
Interest and dividends		
receivable and other assets.	<u>39,370</u>	
		<u>\$3,698,786</u>

Liabilities:

Accounts payable and accrued		
expenses.	\$ 17,202	
Professorship grants payable.	<u>75,000</u>	
		\$ 92,202

Fund balances:

General fund	\$3,558,328	
William and Mary Greve Memorial		
Endowment Fund (Note 3)	<u>48,256</u>	
		3,606,584
		<u>\$3,698,786</u>

Statement of Operations

Income:

	Year ended December 31 1972	1971*
Donations:	\$ 255,818	\$ 269,029
Cash.	423,987	477,244
MCA Inc. common stock (Note 2).	42,479	18,326
Other common stock (Note 2).	50,850	56,175
Ophthalmological Associate Memberships (Note 2).	265	1,871
Royalties.	<u>773,399</u>	<u>822,645</u>
	143,836	146,457
Interest and dividends.	30,000	15,014
Unexpended professorship grants.	(429)	887
Gain (loss) on disposition of securities.	<u>946,806</u>	<u>985,003</u>
Total income.		

Program grants and expenditures:

Research grants to medical schools and other institutions.	200,000	192,500
Scientific achievement awards program.		37,247
Louis B. Mayer Scholar's Award.	25,000	25,000
Research manpower awards and special grants.	22,000	1,800
Ophthalmological Research Professorships.		75,000
International Research Scholars and Visiting Professors Program.	27,402	6,050
Public and professional information.	109,296	80,737
Program development to stimulate laboratory expansion programs		
and the intensification of ophthalmological eye research activities. . . .	50,029	40,678
Scientific surveys, seminars and symposia.	27,283	11,393
Cost of raising funds for new eye research buildings (Note 1).	23,183	72,677
	<u>484,193</u>	<u>543,082</u>

Expenses:

Administration.	49,072	49,125
Fund raising.	11,740	17,669
	<u>60,812</u>	<u>66,794</u>
Total expenditures.	545,005	609,876
Excess of income over expenditures, including \$423,987		
(1971—\$477,244) of MCA Inc. securities donated, which is not		
readily available to finance current operations and ongoing projects. . .	401,801	375,127
Decrease in investment market value reserve.	217,216	101,832
Increase in fund balance.	619,017	476,959
Fund balance at beginning of year.	<u>2,987,567</u>	<u>2,510,608</u>
Fund balance at end of year.	<u>\$3,606,584</u>	<u>\$2,987,567</u>

*Reclassified for comparative purposes.

Notes to Financial Statements December 31, 1972

Note 1: In addition to its other programs, Research to Prevent Blindness, Inc. makes it possible to build major eye research facilities by sponsoring construction campaigns for which it pays all fund raising costs. In the past this program has made possible the construction of new eye research buildings at Johns Hopkins University, the University of California, Los Angeles, the University of Louisville and Columbia-Presbyterian Medical Center, and provided essential impetus to another at Duke University.

During 1972 particular emphasis was placed on a building fund effort in conjunction with the Medical College of Wisconsin. At December 31, 1972 funds raised as a result of that project, which are not included in the accompanying financial statements, are represented by the following: Cash in banks — \$162,672; Securities — \$261,200; Pledges receivable — \$883,089; Total contributions and pledges — \$1,306,961.

Fund raising expenses of \$23,183 incurred in connection with the continuing operations of this program are reflected in the accompanying financial statements.

Note 2: Donated securities are recorded at quoted market value on the date the donation is made.

Substantially all of the MCA Inc. common stock held by Research to Prevent Blindness, Inc. can be transferred or hypothecated only if registered under the Securities Act of 1933, as amended, or as is otherwise provided by law. Among his other contributions the chairman of the board of Research to Prevent Blindness, Inc. contributed MCA Inc. common stock having a quoted market value of \$28,525 (1971 — \$56,175) to match all new membership contributions generated by the Ophthalmological Associate Membership program. The combined contribution to that program therefore amounted to \$79,325 (1971 — \$112,350).

Note 3: On October 31, 1970, the William and Mary Greve Foundation Trust was dissolved and the trust's assets having then a current market value of \$48,256 were transferred to Research to Prevent Blindness, Inc. Under the terms of the decree the principal balance must be permanently maintained.

Note 4: Research to Prevent Blindness, Inc. has a trustee pension plan covering all active employees who have completed one year of service. The total pension expense for the year was \$11,373 (1971 — \$10,210) which includes amortization of past service cost over a period of ten years. The plan has been approved by the Internal Revenue Service.

Report of Independent Accountants

To the Board of Trustees of
Research to Prevent Blindness, Inc.

In our opinion, the accompanying statement of financial position and the related statement of operations present fairly the financial position of Research to Prevent Blindness, Inc. at December 31, 1972 and its income and expenses for the years 1972 and 1971, in conformity with generally accepted accounting principles applied on a consistent basis. Our examinations of these statements were made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, including confirmation of the cash and securities owned at December 31, 1972 by correspondence with the depositaries. It was impracticable for us to extend our examination of donations received beyond accounting for amounts so recorded.

Price Waterhouse & Co.

April 28, 1973
New York, N.Y.



RESEARCH TO PREVENT BLINDNESS, INC.

598 Madison Avenue, New York, New York 10022

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*Deceased March 30, 1973

BEQUESTS TO RPB ARE ESPECIALLY WELCOME AS A MEANS OF ASSURING THE CONTINUITY AND STABILITY OF OUR EYE RESEARCH PROGRAMS.

Progress in eye research depends upon the continuity of human activity and interest. Each generation provides movement in the continuing process of man's development. Those who have gone before us thus become a living element in today's achievements. Much of the research described in this report is made possible through Bequests and Memorial Gifts to Research to Prevent Blindness, Inc.

The proper form for such bequest is:

"I give and bequeath to Research to Prevent Blindness, Inc. of 598 Madison Avenue, New York City, a membership corporation organized under the laws of the State of New York, for its corporate purposes, the sum of dollars."

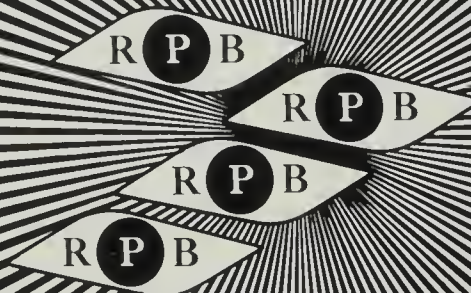
MEMORIAL GIFTS

Gifts may be made to Research to Prevent Blindness, Inc. in any amount and will be acknowledged with dignity. An appropriate Memorial Card is sent in behalf of the giver to the family of the deceased. The donor receives a Thank You card of similar design.



Your contribution to Research to Prevent Blindness, Inc. is tax deductible

RPB—THE SYMBOL OF
A NATIONWIDE RENAISSANCE
IN OPHTHALMOLOGICAL
RESEARCH.



RESEARCH TO PREVENT BLINDNESS, INC.
598 Madison Avenue, New York, N.Y. 10022